

Analysis of Motherhood Constellation among Adolescent Mothers With and Without Depressive Symptoms

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ABSTRACT – This study analyzed the Motherhood Constellation in two young mothers (19 and 22 years old), with and without depressive symptoms. Through qualitative content analysis of the interviews, information was categorized according to four themes of this construct: life-growth, primary relating, support matrix, and identity reorganization. There were no differences between mothers in the first theme. In the others, despite the similarities with the asymptomatic mother, the young woman with depressive symptoms had difficulty to get involved with her baby, restricted social support, and an impasse related to the organization of her maternal identity and internal reorganization in the face of developmental demands. These findings indicate the need for attention to the mental health of young mothers during the complex process of becoming a mother.

KEYWORDS: motherhood, adolescence, maternal depression, Motherhood Constellation, maternal identity

Análise da Constelação da Maternidade em Mães Jovens com e sem Sintomas Depressivos

RESUMO – Este estudo investigou a Constelação da Maternidade em duas mães jovens (19 e 22 anos), com e sem sintomas depressivos. Através da análise de conteúdo qualitativa das entrevistas, as informações foram categorizadas conforme os quatro temas desse constructo: vida-crescimento, relacionar-se primário, matriz de apoio e reorganização da identidade. Não foram observadas diferenças entre as mães no primeiro tema. Nos demais, apesar das semelhanças com a mãe assintomática, a jovem com sintomas depressivos apresentou dificuldade no envolvimento com seu bebê, apoio social restrito e impasse relacionado à organização da identidade materna e reorganização interna perante as demandas desenvolvimentais. Esses achados indicam a necessidade de atenção à saúde mental de mães jovens durante o complexo processo de tornar-se mãe.

PALAVRAS-CHAVE: maternidade, adolescência, depressão materna, Constelação da Maternidade, identidade materna

Considering that motherhood is a complex and particular process, permeated by individual, intergenerational, and social aspects (Ferrari & Ribeiro, 2020; Guimarães, 2021; Zanatta et al., 2017), this study addresses the condition of becoming a young mother. According to the World Health Organization (WHO, n.d.), youth encompasses the middle and final period of adolescence to the beginning of adulthood (from 15 to 24 years). It involves crossing over from the childhood and family environment towards the adult world, which demands an intense emotional process to deal with the expected biological, emotional, and social changes (Levisky, 1998). During this period,

professional, educational, marital, and life arrangement choices are made (Brandão et al., 2012). Considering this scenario, motherhood brings a series of expectations and responsibilities that end up limiting the age-appropriate experimentation opportunities but also instituting a new identity dimension (Dias & Okamoto, 2019; Levandowski, 2011; Martins et al., 2014; Silva & Abrão, 2020). Therefore, to the challenges inherent to this developmental phase, those imposed by motherhood are added, indicating the overlapping of a doubly critical situation – the construction of a maternal identity in a young woman experiencing a moment of identity transition.

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Some studies have used the concept of Motherhood Constellation to understand the experience of pregnancy and motherhood under different conditions, such as prematurity (Bortolin & Donelli, 2019), the arrival of the second child (Ribeiro et al., 2017), postpartum depression (Sousa et al., 2011), and teenage pregnancy (Martins et al., 2014), showing that it is a theoretical contribution capable of encompassing the complexity of the emotional experience of women who became mothers. According to Stern (1997), with motherhood, a new specific, temporary, and normal psychological organization comes into play, called the Motherhood Constellation. This constellation encompasses feelings and concerns directed at four themes: (1) life growth: related to the ability to keep the baby alive and promote its physical development, including fears regarding death and personal inadequacy regarding baby's care; (2) primary relationship: ability to get emotionally involved with the baby to ensure its appropriate psychological development; (3) support matrix: need to create, allow, accept, and regulate a protective support network which can provide psychological and educational support, enabling the care of the baby; and (4) identity reorganization: need to alter emotional investments and activities to perform the maternal role, including a reevaluation of the relationship with one's own mother. This emotional constellation requires the woman to temporarily suspend the mother/father/baby oedipal triad to make space to the grandmother/mother/baby triad, which will influence her emotional life for months or years (Stern, 1997).

With regard to the focus of this study, the investigation of Martins et al. (2014) evidenced the presence of the Motherhood Constellation themes in three pregnant teenagers from the Brazilian state of Rio Grande do Sul (15 to 17 years old) and observed difficulties related to the primary relationship theme regarding the conception of expectations about motherhood and the baby, and the identity reorganization theme, associated with the search for identity simultaneously to the transition to adulthood. In becoming a mother, the representations of a woman overlap with those of a mother (Stern, 1997). Perceiving oneself more in the role of a daughter than in a mother could be an obstacle to constituting the maternal identity (Martins et al., 2014). Also, the lack of previous planning of pregnancy and the incorporation of family myths, leading to the repetition of different conflictive situations, could contribute to this scenario (Dias & Okamoto, 2019; Patias et al., 2014). In the study by Silva and Abrão (2020), which analyzed the experiences, expectations, and anxieties of two teenage pregnant women (17 years old), it was found that the young women were unprepared for motherhood because they did not show awareness of the possible adversities arising from the birth of the baby, and did not change their future life plans. However, they expressed affection when imagining the baby and the relationship with them, suggesting that this connection could help in facing the challenges of being a young mother. The authors also highlighted the importance

of family support to meet the needs of the mother-baby dyad and to the acceptance of the adolescent's new condition as a mother.

Facing the changes brought by motherhood, which include physical, personal (such as personal maturation), marital (Zanatta et al., 2017), and social (such as the performance of the maternal role) changes, added to the developmental issues of youth, can hinder this emotional reorganization, and promote the emergence of mental health problems, such as maternal depression. Other biological, obstetric, psychological, and social factors may contribute to the manifestation or worsening of this health condition, which affects, on average, 13% to 19% of women in the first months after delivery and may last until the baby's 24 months (O'Hara & McCabe, 2013). A systematic review conducted by Silva and Donelli (2016) on the Brazilian scientific literature about depression and motherhood from a psychoanalytic perspective suggested the multifactorial etiology of maternal depression, which can bring implications for maternal, child, and paternal health. In this sense, the depressed mother may have difficulties in exercising the maternal function, which is reflected in the relationship she establishes with her baby.

Many studies have investigated maternal depression among adult mothers (Alvarenga & Frizzo, 2017; Alvarenga & Palma, 2013; Arrais et al., 2018; Greinert & Milani, 2015; Piccinini et al., 2014; Sousa et al., 2011). Among these studies, Sousa et al. (2011) used the Motherhood Constellation as an axis of analysis when investigating the representations of adult motherhood in the context of postpartum depression. The main representations of two depressed mothers (31 and 32 years old) were related to the feeling of not being able to care for the baby, not understanding their needs, and being poorly supported by their partner. Also, Arrais et al. (2018), when identifying risk and protective factors associated with postpartum depression, indicated that unplanned pregnancy and lack of support from the baby's father are associated with this psychological condition.

However, investigations on maternal depression among young mothers are less frequent, although this emotional difficulty affects around 25 to 36% of them (Lanzi et al., 2009). In this sense, Greinert and Milani (2015), when investigating the psychosocial factors that may favor the development of this condition in eight mothers aged 20 to 38 years, found that the feeling of inability and inexperience in the face of motherhood, the idealization of motherhood, and concerns with professional life and financial situation also contribute to the establishment of maternal depression. Kim et al. (2014) investigated the effects of social support received before and after pregnancy by Canadian teenagers and adult mothers with postpartum depression and concluded this support, regardless of maternal age, reduces the risk of presenting this clinical condition. In this same direction, the study by Frizzo et al. (2019), which examined the main support figures of eight teenage mothers (16 to 18 years old), indicated that those

with indicators of depression had more difficulty relying on their support network than mothers without such indicators, either because the network was inefficient or because the young mother had difficulty establishing this connection and accessing the network.

Taking it into account, it is important to understand the emergence of depressive symptoms in the face of the changes experienced by young mothers since pregnancy because the literature points out the multiple impacts of depression and becoming a mother for teenagers and young women. Moreover, after the birth, an emotional availability to bond with the baby is required (Stern, 1997), which constitutes an additional emotional demand for the new mothers regarding

their mental health. Identifying mothers at risk means protecting them and their babies at an extremely complex developmental time for both (Brockington et al., 2017). In this sense, the theoretical contribution of the Motherhood Constellation has proven useful in identifying maternal difficulties and potentialities in the transition to motherhood, both among adult and young mothers. Therefore, the present study sought to investigate the Motherhood Constellation in young mothers with and without depressive symptoms. Specifically, the following question guided this study: Are there differences in the experience of the Motherhood Constellation in these young mothers with and without depressive symptoms?

METHODS

Participants

Two young mothers (19 and 22 years old), with nine-month-old babies living in the metropolitan area of the city of Porto Alegre, state of Rio Grande do Sul (RS), Brazil, took part in the study. Both had an incomplete undergraduate course, were working before pregnancy, and were living with the baby's father. The young women were not working at the time of data collection, and their partners earned between R\$1,000.00 and R\$1,400.00 per month.

The young women were selected from the sample of the project "Psychofunctional Symptoms in Babies: Mapping and Evaluation" – SINBEBÊ (Levandowski et al., 2012). The inclusion criteria for this project were maternal age equal to or over 18 years old and the baby's age between eight and 12 months. As exclusion criteria, the mothers could not present mental retardation and any severe psychopathological condition, and the babies could not have congenital malformations and other clinical conditions. For the present study, we selected the first young mother who presented depressive symptoms, a stable relationship with the baby's father, whose baby did not manifest any psychofunctional symptom. A second case was sought to contrast with this regarding the presence of depressive symptoms; the first one that completed the data collection was selected.

Design and Procedures

This is a multiple case study, cross-sectional and contrastive (Yin, 2015) to illustrate the themes of the Motherhood Constellation (Stern, 1997). This study analyzed similarities and differences between the cases regarding these themes.

The study followed the ethical guidelines for research with human beings recommended by Resolution no. 466/2012 of the Brazilian National Health Council. The study received ethical approval from the Research Ethics Committee

of UFCSPA (Federal University of Health Sciences of Porto Alegre) (Opinion number 279.446). After reading and signing the Informed Consent Form (ICF), in the first meeting at their homes, the participants answered the Family Sociodemographic Data Questionnaire (Núcleo de Infância e Família [Family and Childhood Center] [NUDIF], 2008a) and the Clinical Data Sheet (Donelli, 2011; NUDIF, 2008b). Then, the Mini International Neuropsychiatric Interview (Sheehan et al., 1998, validated in Brazil by Amorim, 2000) and the Edinburgh Postpartum Depression Scale (Cox et al., 1987, validated in Brazil by Santos, 1995) were applied. The whole process did not exceed 40 minutes.

A second meeting was scheduled for carrying out the Pregnancy and Childbirth Interview (NUDIF, 2008c) and the Motherhood Experience Interview (NUDIF, 2008d). Both interviews lasted approximately 40 minutes and were audio recorded for later analysis.

Instruments

The Family Sociodemographic Data Questionnaire (FSDQ) (NUDIF, 2008a) was used to collect sociodemographic data about the young mother and her family, such as age, educational level, income, and living conditions. The Clinical Data Sheet (CDS) (Donelli, 2011; NUDIF, 2008b) collected information regarding pregnancy, such as gestational complications, type of delivery, previous pregnancies, and family health history.

The Mini International Neuropsychiatric Interview (MINI Plus, Sheehan, et al., 1998, validated in Brazil by Amorim, 2000) is a brief standardized diagnostic interview that explores 17 DSM-IV Axis I psychiatric disorders (American Psychiatric Association [APA], 2002), in addition to suicide risk and antisocial personality disorder. In this study, this instrument was used to select the participants, aiming to exclude mothers who presented indicators of severe psychopathological conditions.

The Edinburgh Postpartum Depression Scale (EPDS) (Cox et al., 1987; Santos et al., 2007) is a self-assessment instrument that examines the presence of depressive symptoms during the postpartum period. This scale is composed of ten items, scored from zero to three, according to the intensity of the symptoms. There are questions about feelings of guilt, sleep disturbances, low energy, anhedonia, and suicidal ideation. The cut-off point for screening depressive symptoms was 10 points, based on Santos et al. (2007).

The Interview on Pregnancy and Childbirth (NUDIF, 2008c) and the Interview on the Experience of Motherhood (NUDIF, 2008d), of a semi-structured nature, were composed of questions that investigated, respectively, the experience of pregnancy, childbirth, and the first days with the baby, and the experiences with the baby, the support received from partner and other people, as well as the changes resulting from motherhood.

Data Analysis

The instruments applied in the first meeting – FSDQ, CDS, MINI Plus and EPDS – were analyzed according to the authors' instructions, and their results were used to characterize the participants. The semi-structured interviews were subjected to qualitative content analysis (Laville &

Dione, 1999). The closed and deductive analysis model was used, with thematic categories built *a priori*, contemplating the themes of the Motherhood Constellation proposed by Stern (1997): life-growth, primary relationship, support matrix, and identity reorganization. Repeated readings of the participants' statements were made by two judges independently to allocate the speeches to these themes. At the end of this process, these allocations were compared. In case of doubts or disagreements, we tried to reach a consensus about the categorization through discussion among the evaluators. In case of disagreements, a third evaluator, who acted as a judge, was called. When the allocation of the speeches in the thematic categories previously established ended, the report of each case was organized for presentation, integrating quantitative and qualitative data. Speeches related to each of the themes of the Motherhood Constellation were selected to illustrate them.

Each case was selected due to possible contrasting results, which enables theoretical replication (Yin, 2015), that is, the explanation of the differences between them according to the existing literature. Thus, aiming to understand the cases, the strategy of theoretical propositions (Yin, 2015) was employed, based on the themes of the Motherhood Constellation. After that, a cross-case synthesis was performed (Yin, 2015), searching for similarities and divergences between the young women regarding these themes.

RESULTS

The two cases analyzed are presented below. The names used are fictitious to preserve the identity of the participants and their families.

Case I: Lucy

Lucy, 19 years old, is the mother of nine-month-old Lisa and has been living with Vincent, 20 years old, the baby's father, for a year. They have been in a relationship for five years. Vincent works as a manager in an office, and Lucy, before the pregnancy, studied and worked as a sales consultant. Lisa's pregnancy was not planned. Lucy was frightened by the news, fearing a possible breakup. As it did not happen, she began to believe that Lisa came to bring the couple closer. No depressive symptoms were evidenced.

Theme: Life-Growth

When she was pregnant, Lucy reported fearing not knowing how to perform caregiving tasks, such as breastfeeding and changing diapers. She also expressed fear of not being a mother capable of promoting her daughter's development, "not knowing how to take care of her", for not having previous experience with children and being the main responsible for her daughter's care. After the birth,

she had difficulty giving bath because she feared she would harm her daughter: "I was afraid she would slip and drown". During the first three months, her mother took over this task, and later Vincent.

Since birth, Lucy was afraid that something might happen to Lisa while she was sleeping: "I used to put my hand on her to see if she was okay". She was also afraid that her daughter might present some problems in her development: "I was afraid that the tests she did wouldn't be correct ... that she wouldn't correspond". The concerns were also directed to illnesses.

Theme: Primary Relationship

Lucy imagined that the first days after the birth would be more restless. Lisa suckled, slept, and cried very little. The girl was breastfed for the first two months, but infant formula was started on the pediatrician's advice due to insufficient weight gain.

The participant reported understanding Lisa's requests most of the time: "She is here, and she wants something that fell on the floor ... When she looks at me, she looks at the toy and ... I already understand!". She also reported treating the girl directly and without much "guile". She considered that Lisa already understood the care she gave her due to the

established routine: “She knows exactly when I’m going to give her to her daddy”.

Lucy also noticed that Lisa had different cries: “Her cry of pain is unmistakable”. According to her, this was the most difficult to bear because of the helplessness it aroused: “It cuts the heart because I can’t take the pain away”.

The young woman mentioned playing with her daughter, although these moments occurred more often in Vincent’s presence. She reported missing more interaction with the girl, justified by her involvement with other activities. Because of this, Lucy did not consider herself a perfect mother. However, when she was with Lisa, she reported dedicating herself to her daughter: “I’m at that moment doing something for her, it’s for her ... I’m not thinking about anything”.

The young woman mentioned that the baby constantly demanded her attention, which sometimes prevented her from doing the household chores. For Lucy, her daughter inherited this characteristic from her: “I think that she got it from me ... I have to be interacting, doing something else”.

Theme: Support Matrix

Lucy acknowledged the support of different people since pregnancy, mainly family members and spouse. She reported having a close family and a good relationship with her parents, highlighting the closeness with her mother. However, before she was 15 years old, she was afraid to talk to her mother: “I was always kind of ashamed to talk to her ... Until one day I talked to her and said that she didn’t seem to give me any opening ... Then everything changed”.

Lucy also had the support of her grandparents, especially her paternal grandmother, with whom she grew up. Her mother-in-law was also an important person: “She is my ‘borrowed mother’, because she always did everything for me when I was pregnant; she always helped me a lot”. The young woman praised the support received from her partner in the care of Lisa: “He surprised me a lot ... He helps to give her bath, he just doesn’t change her diaper, but he gives her medicine, bottle-feed her, tries to make her sleep”.

Although she didn’t ask for Vincent’s help, she felt supported by him even though she didn’t agree with the way her partner acted in some situations (“he doesn’t have much patience”). Moreover, she mentioned a belief that it is the mother who should take responsibility for the baby. Because of this, she understood that people perceived her as a dedicated mother and were surprised by her posture.

Theme: Identity Reorganization

Lucy revealed satisfaction with motherhood and more security in playing the maternal role after Lisa’s birth: “As soon as she was born, a mother came inside me who knew how to hold her properly, soothe her, make her sleep ... she incarnated a mother in me, I already learned everything”. Her account showed changes in her life as a result of motherhood, such as the assumption of new responsibilities and, with this,

greater maturity: “It seems that I was reborn, more mature, a more responsible person. I’ve always said: the day I have a child, I’ll come to my senses”. She also mentioned having changed her posture about people and some marital events due to this greater security: “Later I wanted to choke a girl if she looked at Vincent in a different way. Today, I don’t even care anymore because I trust in what I have, that now we are husband and wife, father and mother”.

Lucy also mentioned a change of focus in her life: “Now, everything I do, I have to think about her first”. The young woman reported having difficulties in front of that: “You stop taking care of yourself”.

According to Lucy, motherhood took her away from the activities she used to do:

I feel a little... kind of dropped from life, because I don’t go out, I don’t work, it seems that I’m just at home with Lisa, I’m not studying anymore ... I have some friends who are at that time partying, so they say: ‘Ah, Lucy is a mother, so she doesn’t want this; she has to set an example’.

However, she reported feeling good about it: “I think that responsibility matures earlier; I like that a lot”. She mentioned a desire to return to the job market and her studies. Still, she saw the possibility of being further away from her daughter as the greatest difficulty of motherhood: “I don’t want to let this moment pass by and not enjoy it ... I don’t want to give this pleasure to someone else”.

Case 2: Tracy

Tracy, 22 years old, is the mother of Ivy, who is nine months old, and was living with Violet (her younger sister) and Mike, 26 years old, the girl’s father, with whom she has been in a relationship for two years. Mike works as an aircraft mechanic. Before the pregnancy, Tracy was studying and working as an intern at a law firm.

Ivy’s pregnancy was unplanned and occurred around two months after Tracy and Mike’s relationship began. She was using contraceptive methods and received the news with surprise, not showing acceptance. According to her, the pregnancy was traumatic due to physical discomforts (nausea, gastritis, and low blood pressure). After Ivy’s birth, Tracy dedicated herself to her care. In the EPDS, she scored 15 points. In the interviews, she reported feeling sad, ill-humored, and with her “nerves on edge” sometimes during pregnancy and, more often, after birth. The young woman sought treatment and took Fluoxetine and Topiramate for approximately one month. At the time of data collection, she was not following up on it.

Theme: Life-Growth

Tracy mentioned some concerns with Ivy’s health since birth: “Because I saw her purple and I saw the comments

[from the staff] that she had pooped”. The young woman feared that the baby might present some problem in her development: “I was afraid she might have some pain because we did that heel prick ... and it took a while for the results to come back”. Besides, she was afraid that something would happen to her daughter while she was sleeping: “I was scared to death that she would drown, that she would have reflux and I wouldn’t see”. In general, her concerns were directed at the daughter’s physical integrity.

Theme: Primary Relationship

Tracy reported feeling happy when she received Ivy in her arms soon after the birth: “It was beautiful to take that little thing, put it in my lap!”. In the early days, she felt insecure and unprepared to play the maternal role: “What I didn’t like was ... thinking you are prepared and you are not, taking a situation like one night that she spent the whole night crying and you don’t know what to do”.

She doubted her ability to identify her daughter’s signs: “The little baby doesn’t communicate, and until you know what crying that is, you’re sorry”. However, at the time of data collection, she reported being able to understand her daughter’s manifestations, maintaining good communication with her: “Oh, it’s 100%, we understand each other ... we can already understand what she wants”, although she still felt difficulty in situations of pain and discomfort.

She referred to identifying different types of cries from the baby, although she found it distressing to listen to it: “I don’t think it’s bad because I hear the cry, but because I try to solve the problem, and sometimes I can’t”. For this reason, she tried to attend Ivy, using different resources: “I make her look at something, a drawing, get a toy”. In this process, she felt she was playing the maternal role well.

The young woman tried not to let her feelings show when she was taking care of Ivy, when she felt crying, ill-humored or anxious: “I keep it to myself ... Because I don’t want to take it out on her, but, at the same time, I don’t know what to do”. In some moments, he didn’t seem to interact much with the girl:

She wakes up late ... she stays in that snuggling with me, then when I go make lunch, she keeps watching TV ... In the afternoon, she takes a nap. Then she comes back here to the sofa or the mattress. I put something here for her to play with, and she plays. Sometimes we play with her; sometimes we have other tasks.

She considered herself a good mother, although she pointed out some flaws: “I do her wishes a lot. But I think that she is a little baby, that this phase will pass so fast, that it is worth it”. In Tracy’s perception, the baby considered her a good mother and liked to receive her attention and affection: “Sometimes I put something aside so we can watch a cartoon ... she usually does not stop quietly, and then when she is with me like this, she is quieter, she comes to my lap”. She mentioned noticing her daughter’s

attachment to her, feeling happy for this proximity: “She is very attached to me, so she always stays close to me ... it’s wonderful!”. But in situations in which she needed to set limits, she considered that her daughter did not show happiness: “She wants to discover the world, right, and I am preventing her from doing so”.

The young woman characterized Ivy as a loving and calm girl, although decisive: “She already knows what she wants, what she doesn’t want. She is not a boring, whiny child, she has her ways, but she is not difficult, she is very calm, she understands well what we tell her”.

Playing used to be part of different routine moments: “I think that, in everything we do, a little bit is playing”. For her, Ivy reacted well to the games, which made her happy.

Theme: Support Matrix

Tracy indicated that she had distanced herself from her family due to disagreements with some relatives. She didn’t visit her parents and had only occasional contact with her biological mother, who had abandoned her to the care of her maternal grandmother when she was a child. She felt supported, during pregnancy, only by her “mother-grandmother”: “I thought she would be angrier ... I had a bleeding at the beginning of the pregnancy, she ran with me everywhere, to see, you know. She supported me a lot”.

She also didn’t keep much contact with Mike’s family. She reported having a good but “explosive” relationship with her in-laws, which prevented a better relationship. Besides, she did not know her partner’s siblings, who live abroad.

During pregnancy, she felt supported by Mike, especially when she was emotionally shaken: “I had my crying crises ... He also didn’t know how to deal with it, but he was learning and was taking me this way”. For her, his support was fundamental: “It was what made me get a little better because I saw that he was there with me”. After the pregnancy, Mike showed more careful, which generated changes in his routine: “We went out a lot, we went to the movies ... He has already changed the programs”.

The girl was satisfied with Mike’s participation in Ivy’s care: “He is always responsible for the bath since she was born. He changes her diaper, puts her to sleep, folds her clothes, puts them away, we divide the tasks well”. Her partner’s help was also fundamental when she felt depressed and found it difficult to take care of her daughter.

Tracy believes that Mike considered her a good mother. She considered him a good father:

I think he took the best that he could filter from his father and mixed it with his own characteristics. He educates her well, even more than I do because when he says no, she understands his commands much better than when I do. They play a lot.

She mentioned characteristics she liked and disliked about him (shy, calm, and patient versus stressed and nervous). According to her, her companion was able to balance these poles.

In the face of adversity, she mentioned her daughter and Mike's support as motivating aspects: "I have to take care, I have to keep my head up and go ahead".

Theme: Identity Reorganization

Tracy reported feeling special and satisfied with motherhood. However, she also experienced ambivalent feelings about it: "It's a very different love relationship. You look at others, and you see only the good moments. When you have a child, you go through good times and bad times, but the love is always great". She considered motherhood, at the same time, as difficult because it prevents her from taking care of herself and rewarding: "I feel good, but, at the same time, bad, because I don't have time to take care of myself.

The young woman evidenced the weight of the responsibilities of maternity and conjugality, especially the difficulty of taking responsibility for the baby:

I wasn't responsible for myself, now I have to be responsible for myself and someone else. And I can't say it is only for Ivy because there is Mike. It is wonderful to be a mother, but sometimes I feel like running away.

The need for decentering from oneself that being a mother demands, to keep the focus on the child, emerged as the main difficulty: "Sometimes you can't take it anymore, you have a headache, and at that moment Yvy needed me. So I have to put everything that is mine 'aside' and take care of her". In the face of this, Tracy pointed out that she sometimes felt exhausted by the demands of motherhood because she worried about taking care of them: "Even when she is with Mike, I don't stop worrying. Not because he is a bad father, but we are mothers 24 hours a day".

The fact that her daughter became a priority, to the detriment of herself, was one of the biggest changes in her life: "I think that nothing was left in place. In my life, everything changed because today there is no longer me". The young woman also mentioned changes in her professional life because she interrupted her activities due to pregnancy and had not yet returned to work:

My heart is in my hand because I know that it is difficult for Mike to maintain the house alone. I would like to go back, but at the same time, I feel that I can't, at least until Ivy can communicate a little better.

DISCUSSION

Theme Life-Growth

The young women reported typical fears about the baby's survival, such as stopping breathing during sleep and the occurrence of accidents. These were also observed by Carvalho et al. (2017) in primiparous mothers, who revealed concerns regarding the safety of their babies, accompanied by a constant state of alertness in favor of their well-being. According to Stern (1997), it is common for mothers to present concerns regarding the baby's life and their physical development, which are intertwined with feelings of being inadequate and not protective enough.

Both mothers reported fears related to health problems and impairments in the baby's development. Such fears may be associated with fantasies about routine neonatal tests, including misinformation about them, which can lead to greater anxiety about the results (Cúnico et al., 2013).

Although concerns about the baby's health and development may be more frequent among depressed mothers, as suggested by Sousa et al. (2011), both young women reported apprehensions of this nature. For Maldonado (2000), fears alluding to the baby's health may be derived from the fear of realizing ambivalent fantasies related to the desire to have a child, that is, fear that fantasies of getting rid of the difficulties brought by the baby will cause real

harm to the baby. This may also be linked to the fact that both women had not planned their pregnancies and reacted badly to the news. Such a perspective may illustrate that motherhood at this time of life brings additional demands to those typical developmental tasks (Levandowski, 2011; Martins et al., 2014).

Theme Primary Relationship

Mothers outlined concerns related to their maternal function and the exercise of motherhood, which, like those addressed above regarding physical aspects, may be associated with primiparity, as they were also identified in studies with young mothers (Erfinia et al., 2019; Martins et al., 2014) and primiparous adult mothers (Carvalho et al., 2017; Zanatta et al., 2017). Reinforcing this argument, this was exactly the least mentioned topic in a study of mothers expecting their second child (Ribeiro et al., 2017). Because motherhood is a unique event, these mothers have never faced something similar in their lives and feel directly responsible for the baby's care (Stern, 1997).

The mothers' affective involvement with their babies was observed, as well as insecurity and fear of not being able to recognize their signs correctly. The young mothers showed concern for their babies, attending to and adapting to

their needs, and organizing their routines according to them. They also mentioned that they understood, most of the time, what their daughters communicated, recognizing different types of cries. Thus, they presented attitudes consistent with what Stern (1997) points out about the need for the mother's organization to understand the baby's rhythms, signs, and meanings.

On the other hand, Lucy and Tracy reported failing in some moments with their daughters, either by excessive pampering or not giving all the attention they would like. According to Stern (1997), this perception of lack is associated with the maternal fears of being selfish, non-generous, deficient, inadequate, and incapable of loving. Although in Lucy's case, the omissions seem to result from daily situations, such as the need to carry out domestic chores while caring for the baby, in Tracy's case, the lack of availability for interaction with her daughter – who sleeps, watches television, plays alone, etc. – suggests that it is also associated with the presence of depressive symptoms. The literature indicates that maternal depression can impact the mother-baby bond, impairing the context of play and face-to-face interactions (Alvarenga & Palma, 2013; Silva & Donelli, 2016), even though she strives to maintain a good relationship with the baby to minimize possible negative impacts (Frizzo et al., 2010).

Only Lucy mentioned the emotional characteristics of her daughter, which even resemble her own. In order to identify with her baby, the mother needs to use her experiences as a baby (Brazelton & Cramer, 1992), which may be more difficult for Tracy, who has had difficulties in family relationships since childhood. These findings also demonstrate these mothers' representations of the baby, which are intertwined with the behavioral aspects of interaction and the emotional and representational aspects of caregiving (Stern, 1997). These representations influence the quality of the relationship established with the baby (Stern, 1997), as seen in Lucy, who deals with her daughter based on their similarities.

Theme Support Matrix

The young women reported feeling supported by their partners since pregnancy, a finding that corroborated previous studies (Frizzo et al., 2019; Schwartz et al., 2011; Zanatta et al., 2017), which highlighted the importance of this support on a practical, emotional, and financial level. For Stern (1997), the partner plays an important protective role for the mother, providing for her needs and, for some time, taking her away from external demands to devote herself to the baby. This seems to be the situation found in Lucy's case, whose partner's support seemed to be quite satisfactory to her.

In Tracy's case, even though studies point to the protective effect of the partner's support for maternal mental health (Arrais et al., 2018; Frizzo et al., 2019), the presence of depressive symptoms was verified. This situation indicates

the lack of family support and disagreements may have outweighed the importance of partner support. In their study, Frizzo et al. (2019) indicated that this difficulty may be associated with an ineffective support matrix or with distortions arising from depression in young mothers' perceptions of the support available or offered to them. According to Arrais et al. (2018), the lack of pregnancy planning is another unfavorable aspect which can be added to this scenario.

In contrast, Lucy felt supported by her family and partner. Silva and Abrão (2020) reinforce the importance of family acceptance and support for a better experience of motherhood and childcare for young mothers. The literature points out that the main support for young mothers usually comes from family figures, especially the mother (Erfinia et al., 2019; Martins et al., 2014). According to Stern (1997), the mother's involvement, in reality, or fantasy, with the maternal figures in her life provides psychological and educational elements in the exercise of motherhood.

Theme Identity Reorganization

The participants reported significant changes in their lives as a result of motherhood: in the perception of themselves, their role as daughters, and their priorities, with a greater focus on the well-being of their daughters. This reorganization of identity in the face of motherhood indicates the normality of this re-signification process (Stern, 1997).

Lucy and Tracy experienced this process concomitantly with the need to deal with the developmental aspects of youth. Both demonstrated a displacement from the daughter's position to that of the mother, from young people with few responsibilities to mothers responsible for their babies, which did not occur without difficulties. In fact, Stern (1997) points out that such reevaluation may be accompanied by a sense of loss underlying the sense of gains from motherhood. This feeling was quite present in the young women's reports, related to several aspects. One of them is the loss of the study and work routine because both had to interrupt these activities and did not feel prepared to resume them, although they expressed the desire to do so. The greatest difficulty for this resumption was the need to be separated from the baby. The literature points out that because the mother is in a state of dependence and vulnerability toward the baby, separation becomes difficult for her (Winnicott, 1968/1999). In addition to the difficulty of separation, financial problems may also have prevented this resumption, especially the educational routine.

Dias et al. (2013), when assessing the priorities of non-pregnant teenagers from Rio Grande do Sul, showed that, before becoming mothers, they would like to join the labor market, have financial stability, and maintain a stable emotional union. In this sense, motherhood in youth, in a middle-class context, would interfere with the destiny outlined for young women, expressed mainly through

the encouragement of studies and work, providing the experience of longer adolescence (Dias & Teixeira, 2010; Levandowski, 2011). Thus, it is possible to understand why these young women seem to have felt like they were losing this developmental achievement with the advent of motherhood. This feeling was more intense for Tracy, possibly related to her depressive symptoms. Still, according to Greinert and Milani (2015), difficulties in adjusting motherhood to professional life may cause a strong feeling of sadness in young mothers, favoring the development of maternal depression.

These findings show that the identity reorganization process of young mothers may not be the same as the one described by Stern (1997) when studying adults, precisely because of the need to deal with developmental tasks specific to this moment of life, which may be very different from the demands of motherhood (Martins et al., 2014). From this perspective, motherhood could symbolize the end of a position marked by immaturity and dependence, bringing an experience of deprivation of freedom for young women (Levandowski, 2011; Silva & Abrão, 2020).

It is through dreams and expectations about her performance as a mother that the woman builds her maternal

identity (Brazelton & Cramer, 1992). This construction is based, among other aspects, on identifying and imitating the care received (Stern, 1997). Although Lucy demonstrated to follow her own mother's model, Tracy manifested a conscious desire to differentiate herself from her maternal models, which were not considered very affectionate. Cabral and Levandowski (2012) also identified, among teenage mothers, the importance of maternal model for establishing their maternal identity, both from a desire to maintain this model and to change and reformulate it. Thus, Tracy's identity reorganization may be more difficult to experience due to the scarcity of positive models of motherhood on which to anchor. This aspect seems to be supported by the ambivalence shown by her about her daughter and motherhood, which is in line with the characteristics of her relationship with her own mother.

In general, the findings corroborate the literature, which points to motherhood as an experience that promotes emotional growth and leaves important emotional marks (Guimarães, 2021; Maldonado, 2000; Stern, 1997; Zanatta et al., 2017). However, even with this possibility of maturation, it cannot be forgotten that young mothers are still young and may present some difficulties in this transition.

FINAL CONSIDERATIONS

This study investigated the Motherhood Constellation in young mothers with and without indicators of depressive symptoms. The initial expectation was that young mothers with depressive symptoms would present difficulties related to motherhood regarding the four themes of this constellation. This expectation was partially confirmed since differences in the primary relationship and support matrix themes were observed: the mother with depressive symptoms showed difficulty in involvement with the baby and a more restricted support network, marked by the absence of female figures.

The Motherhood Constellation proved to be a theoretical framework capable of broadening the understanding of young women's subjective aspects of motherhood. A limitation of this study is the lack of observation data on the mother-baby relationship, which would provide a more reliable evaluation

of the interaction and the mothering model of the mothers. Future investigations could broaden the scope of analysis, including the father and grandmothers, and employ other methodologies, such as longitudinal follow-up of mother-infant dyads.

The findings of this study have implications for professional practice. We emphasize the need for attention to the mental health of young women during this period of emotional restructuring promoted by motherhood. In particular, health professionals must be attentive to depressive symptoms to assist in their proper diagnosis and referral since family members do not always perceive and understand them. Continuing education activities could contribute to increasing the knowledge and sensibility of professionals regarding this theme.

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